

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90001 009 ****50.00

DOCUMENT # L01000020030

1. Entity Name
OAK FEED, LLC

Principal Place of Business

**110 MERRICK WAY, SUITE 3B
 CORAL GABLES FL 33134**

Mailing Address

**110 MERRICK WAY, SUITE 3B
 CORAL GABLES FL 33134**

2. Principal Place of Business

**3310 MARY ST
 SUITE, APT. #, ETC.
 2830 OAK AVE**

3. Mailing Address

P.O. Box 142081

City & State
COCONUT CREEK FL

City & State
CORAL GABLES FL

Zip
33133

Country
U.S.

Zip
33134

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DOCKERTY, SUZANNE A ESQUIRE
 C/O SUZANNE A. DOCKERTY, P.A.
 110 MERRICK WAY, SUITE 3B
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Msgr PUKEL
 SANDY PUKEL
 434 ARAGON AVE
 CORAL GABLES FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CARLO FONTANESI
 3396 CRYSTAL CT
 COCONUT CREEK FL 33133**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DEAN GOODMAN
 525 S KIDDER DR #214
 W. PALM BEACH FLA 33401**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sandy Pukel **3/21/02** **308 725 0081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)